

Fabry Treatment Eligibility

Patient Initials: _____

Patient DOB: _____

Gender: Male Female

CFDI-NR # (if applicable): _____

Canadian Guidelines for Fabry Treatment

Please select all criteria that apply.

System	Criteria
Renal (1 major OR 2 minor)	<p>Major:</p> <ul style="list-style-type: none"> <input type="checkbox"/> GFR < 60 ml/min/1.73m² (2 consistent estimates or measures over 2 months) <input type="checkbox"/> GFR 60 – 90 ml/min/1.73m² (3 consistent estimates or measures over 4 months with GFR slope greater than age-related normal) <input type="checkbox"/> GFR > 135 ml/min/1.73m² (15% decrease in GFR or GFR slope greater than age-related normal. Must be measured GFR) <input type="checkbox"/> Persisting Proteinuria of 500 mg/day/1.73m² without any other causes <input type="checkbox"/> Renal pathology (males only) <p>Minor:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hyperfiltration (GFR ≥ 135 ml/min/1.73m², 2 consistent measured GFR at least 1 month apart) <input type="checkbox"/> Isolated proteinuria of 300 mg/day/1.73m² or greater without cause <input type="checkbox"/> Renal tubular dysfunction (Nephrogenic diabetes insipidus and/or Fanconi syndrome) <input type="checkbox"/> Hypertension <input type="checkbox"/> Renal pathology (females)
Cardiac (2)	<ul style="list-style-type: none"> <input type="checkbox"/> LV wall thickness >12 mm in males and >11 mm in females <input type="checkbox"/> LVH by ECG; Estes ECG score must be > 5. <input type="checkbox"/> LVMI by 2D echocardiogram 20% above normal for age. <input type="checkbox"/> Diastolic filling abnormalities by 2D echo. Grade 2 or 3 diastolic dysfunction and or presence of speckle tracking abnormalities <input type="checkbox"/> Increase of LV mass of at least 5 g/m²/year (3 measurements over a minimum 12 months) <input type="checkbox"/> Abnormal base to apex circumferential strain gradient <input type="checkbox"/> Increase of LA size on 2D echo. In parasternal long axis view (PLAX) >40 mm; Left atrial volume index > 34ml/m² <input type="checkbox"/> Cardiac conduction and rhythm abnormalities: AV block, short PR interval, LBBB, ventricular or atrial tachyarrhythmia's, sinus bradycardia (in the absence of drugs with negative chronotropic activity or other causes). <input type="checkbox"/> Moderate to severe mitral or aortic insufficiency <input type="checkbox"/> Late enhancement of LV wall on MRI. <input type="checkbox"/> Increase of N-terminal pro-natriuretic brain peptide (NT-proBNP) <u>OR</u> increase in high sensitivity troponin more than two times the upper limit of normal range
Neuro (1)	<ul style="list-style-type: none"> <input type="checkbox"/> Stroke or TIA documented by a neurologist <input type="checkbox"/> Acute onset unilateral hearing loss without other cause. <input type="checkbox"/> Acute monocular visual loss without other cause
Gastrointestinal	<ul style="list-style-type: none"> <input type="checkbox"/> Chronic, intractable diarrhea and/or abdominal pain/cramps, refractory to standard management for at least 6 months
Pain	<ul style="list-style-type: none"> <input type="checkbox"/> Chronic, intractable neuropathic pain, refractory to analgesics and standard pain management for at least 6 months

Fabry Treatment Eligibility

Patient Initials: _____

α-galactosidase levels: _____ **Reference Range:** _____

DNA Mutation: _____

Please provide specific patient details:

Please provide a de-identified copy of any supporting investigations.

Physician Name: _____

Physician Institution: _____

Email: _____

Telephone: _____

Fax: _____

Physician Signature: _____

Date: _____

Approved

Not approved

Reviewer's Name: _____

Signature: _____

Date: _____

FAX FORM TO CFDI NATIONAL OFFICE AT 902-473-8099